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ABSTRACT

A model was developed to identify the communicative tasks that are most likely to facilitate successful consultation. Three distinctive features of process consultation were considered important to the model: the focus on the human element of the system, joint diagnosis between consultant and client, and the passing on of diagnostic skill. To validate the model, interviews were conducted with seven consultants and observations were made of the work of three consultants. The model of the communicative tasks used in process consultation includes: the contact, scouting/relational escalation, diagnosis, planning, implementation, evaluation, relational de-escalation, and termination. Findings that agreed and differed with the literature on the subject were noted. Effective communication and persuasion were empirically confirmed as critical and central requirements in process consultation. (MKM)

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A Model of Communication in Process Consultation

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Consultation is an important and rapidly growing domain of helping activity. Consultation is broadly defined by Lippitt and Lippitt (1978) as "a two way interaction--a process of seeking, giving, and receiving help. Consulting is aimed at aiding a person, group, organization, or larger system in mobilizing internal and external resources to deal with problem confrontation and change efforts" (p.1). While consulting relies on face-to-face communication, there is no theory or model which describes communication in the consulting process.

This study therefore asks, are there identifiable communicative tasks, the performance of which is most likely to facilitate successful consultation? Answering the question will be accomplished by the generation of a model of communication in the consultation process. Model construction follows general model-building procedures suggested by Brooks (1953), Kast and Rosenzweig (1980), and Lippitt (1973), wherein the researcher generates a first approximation of the model, applies or tests it in the field, and then generates a new model. This paper is a partial report/synopsis of a larger research effort, the author's dissertation, still in progress.

Consultation, as a genre of helping behavior, covers a wide range of activities and types. Therefore, before providing a rationale for the study, it is necessary to describe the class of consultation with which the present research is concerned.

Process Consultation

The present study focuses on a mode or approach to consultation termed "process consultation" (PC). Schein's major work, Process

Consultation: Its Role in Organization Development (1969), has elucidated the principles and practices of process consultation more than any other contribution. He writes, "Process consultation is a difficult concept to describe simply and clearly. It does not lend itself to a simple definition to be followed by a few illustrations" (p.4). Why is this so? Process consultation is defined by its activities and emphases, both of which overlap with other forms of consultation. Moreover, PC is a mode or approach to consulting that includes phenomena more often associated with organization development (OD), a wider ranging variety of organization improvement. The association further obfuscates the PC approach.

Schein defines PC by its activities:

> PC is a set of activities on the part of the consultant which help the client to perceive, understand, and act upon process events which occur in the client's environment. (p.9)

The first distinctive feature of process consultation requires that consultation focus on human process events, as opposed to techno-structural concerns. Schein provides prototypical examples of human processes considered critical for organization effectiveness: 1) communication, 2) member roles and functions in groups, 3) group problem-solving and decision making, 4) group norms and group growth, 5) leadership and authority, and 6) intergroup cooperation and competition. Friedlander and Brown (1974), in their organization development review, separate the human-processual approach (i.e., PC) from the techno-structural approach by examining the main target of consulation. Interventions targeted at people fall within the process category; those activities directed at the technology of a client system indicate the second category. Examples of techno-structural

approaches include operations research, changes in automized methods (e.g. computers), product diversification, and other interventions directed at the "static" elements of an organization. PC, by contrast, is targeted at human processes.

The second and third distinguishing aspects of process consultation, joint diagnosis and the passing on of skills, are also identified through contrast. PC is contrasted with what Schein calls "more traditional consultation models" (p.4), the purchase and doctor-patient approaches to consultation. The purchase approach to consultation involves the purchase of expert information or service by a client or client system. Here, the client defines a specific problem--such as the need to know how a particular group of consumers feel, or the redesigning of a data processing system--and then hires a consultant to perform the job. By contrast, process consultation's second distinguishing feature involves client system and consultant in a period of joint diagnosis. As Schein puts it, "It is a key assumption underlying P-C that the client must learn to see the problem for himself, to share in the diagnosis, and to be actively involved in generating a remedy" (p.7).

This type of client involvement also distinguishes PC from a doctor-patient model of consultation, and allows for the third PC element. The doctor-patient model is operating when a consultant "examines" a client or client system, and then like a physician, makes recommendations for therapy. "Process consultation," again according to Schein, "in contrast, focuses on joint diagnosis and the passing on to the client of diagnostic skills" (p.7). The passing on of skills to the client and client system--so that they can eventually

diagnose and work on their own concerns--is the third element separating process consultation from other forms. It should be noted that both joint diagnosis and the passing on of diagnostic skill rely on the client's active involvement.

So far, three distinctive features of process consultation have been identified. PC involves a) focus on the human elements of a system, b) joint diagnosis, and c) the passing on of diagnostic skill. Process consultation is contrasted with techno-structural, purchase, and doctor-patient approaches to consultation. The client's active involvement is considered key.

While these features describe the PC approach, there is still considerable overlap with other forms of consultation. As Freidlander and Brown note, "structures can be changed by processes that are inconsistent with them and processes are constrained and facilitated by organizational structures" (p. 315). Recent case studies (e.g., Beer & Huse, 1972; Lucas & Plimpton, 1972; Tushman, 1974) suggest that structural approaches and processual approaches be combined for maximum effectiveness in consultation. One representative of management consultation, more akin to the doctor-patient or purchase type, recommends at least some joint diagnosis and states that one job of the management consultant is to improve clients' capabilities in handling problems (Kubr, 1977).

Given this overlap, PC must be viewed as a matter of <u>emphasis</u>. Clearly, some other forms of consultation employ PC strategies such as joint diagnosis. There are times too when process consultants slip into purchase mode, make recommendations regarding technical operations, and otherwise engage in "non-process like" activities. It is the infrequency of these instances that classifies a consultation as processual.

Process consultation emphasizes three elements: human processes, joint diagnosis, and the passing on of skills. A list of the types of activities in which a process consultant might engage is provided in Appendix B.

Communication in consultation

Why study communication in any form of consultation, let alone PC? One major reason is found within the realm of competence in consultation. The subject of Lippitt's (1976) survey of consultants was consultant competency. "Communication" was listed first in the summary of skill areas; "persuasive skills" second. Menzel's (cited in Lippitt & Lippitt, 1978) "Taxonomy of Change Agent Skills" includes interpersonal skills. Lippitt and Lippitt (1978) also conclude that interpersonal skills are crucial requirements for consultants. Schein (1969) and Walton (1969) both suggest that the ability to recognize and distinguish effective and ineffective communication processes is necessary for application of their respective models of consultation, including PC. Yet none of these prescriptions is specific enough to be very useful. The term "communication," as it describes a skill required for consultant competency, remains ephemeral. Identification of specific communicative tasks and behaviors to accomplish would more effectively describe the communicative process in consultation, enabling skill identification. Description of how tasks might be accomplished would have heuristic value in this particular domain of helping activity.

Mirvis and Berg (1977) provide further evidence for the centrality and need for effective communication in consultation. They edit a unique volume, Failures in Organization Development and

Change, in which contributors discuss consultations that did not succeed. Several writers explain failures in terms that may be construed as not managing communicative tasks--the second motive for studying communication in the consultation context. In this volume, Walton discusses a case in which technical terminology was not changed to understandable lay language. Michael and Mirvis point to cases in which consultants built unrealistic expectations in the client by promising too much and failing to clarify the probable outcomes. They also emphasize the importance of gaining commitment from the right people; i.e., top level managers. Gaining a commitment is suggestive of the strong persuasive element required in consultation--a third inducement for this study.

Berg's account of failure (in the same book), which focuses on the"entry" phase of consultation, corroborates the need for persuasion. He cites the inability to establish his credibility and adapt to his auditors (clients) as reasons for his lack of success. Steele, in the same volume, and Watson (1969) both hold that consultants must face resistance and sometimes hostility--even after an organization has concluded that an outside consultant would be helpful--in a large number of consultation endeavors. This further underscores the importance of persuasive efforts in consultation. Work by Watzlawick (1978) and Bandler and Grinder (1975) links resistance to persuasion, semantic style, and change in psychotherapeutic contexts. This linkage, specifically the identifying of client language style and premises held true as tools for persuasion, is adaptable to the context of change in process consultation. It becomes clear that consultation, as a vehicle of change, is inextricably bound to communication, language,

and rhetoric.

Process consultation, with client involvement considered key, is a genre of helping behavior especially dependent on effective communication for success. Consultant and client must work in a collaborative mode, over time, on 1) the relevant work focus and 2) toward the development of client skill. Client and consultant mutual satisfaction in both areas define consultation success.

An investigation of communication in process consultation is thus warranted when one considers a) the importance of the required communication skills, b) the linkage of failure in consultation to ineffective communication, c) the required persuasive element, and d) the interactive and dynamic nature of the process. Other reasons include the inherent communicative functions of innovation diffusion (Katz, Levin, & Hamilton, 1972; Rogers & Shoemaker, 1971), the critical relationship issues facing consultant and client (see e.g., Argyris, 1961; 1970; Kaplan, 1978; Steele, 1974), and the marked absence of any major model or theory that emphasizes communication in the consultation process. Therefore, this study attempts to identify the communicative tasks most likely to facilitate successful process consultation by developing a model of communication in consultation.

Method and procedures

Building the model followed a general phasic approach consistent with model building procedures advocated by theorists such as Bross (1953), Kast and Rosenzweig (1980) and Lippitt (1973), wherein the researcher generates a first approximation--a preliminary model--applies or tests it in the field, and then generates a new model. While

a model may undergo any number of these cycles, the present communication model is the result of one such cycle.

The first approximation or preliminary model was developed from literature review and synthesis. The review pivoted around six journals, fourteen specific overview and review articles, and a variety of other texts and monographs. The journals include Academy of Management Review, Administrative Science Quarterly, Group and Organization Studies, Harvard Business Review, Human Relations, and Journal of Applied Behavioral Science. Review, overview, and comparative articles are those by Alderfer (1977), Bowers (1973, 1977), Bowers, Franklin, and Pecorella (1975), Dunn and Swierczek (1977), Franklin (1976), Friedlander and Brown (1974), Fullan, Miles, and Taylor (1980), Kahn (1974), Margulies, Wright, and Scholl (1977), Morrison (1978), Pasmore and King (1978), Pate, Nielsen, and Bacon (1977), and Porras and Berg (1978). The various texts, readings, and additional monographs comprise empirical, theoretical, and applied research endeavors in consultation and organization development, including extant major models of consultation (see Table I). These contributions also included dozens of case studies, some with implications for a description of communicative tasks in consultation. Literature from the domains of speech communication, psychotherapy, and planned change was also brought to bear on the preliminary model.

The preliminary model served as the descriptive framework guiding the field research. Field research methods consisted of interview and observation. Phillipsen (1980) describes the necessary conditions or sub-processes of a research mode he described as "qualitative naturalism," a term used to subsume participant observation,

ethnography, and other qualitative methods, including those of the present study. The qualitative researcher:

> a. identifies, prior to observation, a class of phenomenon which is to be the subject of qualitative inquiry, b. adopts or formulates a descriptive-theoretic stance toward the phenomenon of interest, usually through working with the terms of a descriptive scheme, c. observes (and interviews and reads documents) in the kind of setting or context in which instances of the phenomenon occur naturally; that is, without manipulation by the investigator of antecedent conditions, d. records, with as much descriptive detail as possible, the context, occurance, and nature of the instance(s), e. codes observational materials openly; that is, without rigidly imposing descriptive categories, f. writes incidents, narratives, or a case study proposed to be faithful description of the instance(s) studied, g. interprets the implications of the description(s) for conceptualizing or explaining the class of phenomenon studied (pp. 1-2).

These procedural moves guided both interview and observation.

Interview procedures followed Lofland's (1976) prescription of

> the 'unstructured interview' or 'intensive interviewing with an interview guide.' Its object is not to elicit choices between alternative answers to pre-formed questions but, rather, to elicit from the interviewee what he considers to be important questions relative to a given topic, his descriptions of some situation being explored. Its object is to carry on a guided conversation and to elicit rich, detailed materials that can be used in qualitative analysis. Its object is to find out what kinds of things are happening, rather than to determine the frequency of predetermined kinds of things that the researcher already believes can happen (p. 76).

The interview guide is constructed around general clusters or topics that the interviewer wishes to investigate. While retaining the strategy of flexibility, it helps to organize questions, and provides <u>overall</u> structure to the interview.

The interview guide, based on literature review and synthesis, is found in Appendix A. Interviews were conducted with seven consultants. Interviews, averaging slightly over three hours each (though over several sessions), were audiotaped and subsequently transcribed by the researcher.

I also observed three consultants work on a total of four different consultation projects. Total observation time was approximately forty hours. I was able to take field notes during each observation, as well as afterwards. A more detailed summary of field procedures, as well as the interview and data analysis, can be found in work now in progress (Lange, in progress).

The current version of the model, presented in Figure 1, was thus developed through a phasic procedure. First, literature review and synthesis generated the preliminary model. Next, the preliminary version served as the descriptive framework for the field work. Finally, field research, consisting of interview and observation, yielded amendments leading to the model in Figure 1.

The model

Several introductory comments are in order. The first is the usage and perspective of the words communicative and communication when describing tasks. "Communicative" is used here in the same way that Goyer (1970) recommends. That is, "communicative" is an adjectival form; "communication" a noun describing a particular event resulting in some degree of shared or common experience. Communicative tasks are explicated from the perspective of the consultant, though they result in shared experience.

The second point involves the difficulty in modeling a process--adequately representing the dynamic nature of communication. While the model is phasic, reflecting the tendency for certain tasks and functions to precede others, there is a great deal of overlap between phases, with few distinct periods of transition. As Kolb and Frohman (1970) suggest, consulting stages "are by no means clear-cut in practice. They may occur sequentially or simultaneously. However, the articulation of each stage provides a convenient way for the consultant to conceptualize and recognize the stages in his practice " (p. 52). As with action research (see, e.g., French and Bell, 1978), certain phases lead back to others, as when post-intervention evaluation evokes further planning and implementation. Moreover, some tasks are continual, re-occuring in several phases. In response to these difficulties, the model does attempt to represent the processual nature by indicating a spiral-like chain of events, and employing arrows and dotted lines, as suggested by Lippitt (1973), for modeling the dynamic nature of a process. Still, like any graphic model, it remains a static map of a processual territory.

Third, the model is "functional," in the sense that it reviews the kind of activity proper to something (Dance & Larson, 1976). Functions are drawn from the phasic categories in Table I. Communicative tasks are those tasks identified as most likely to facilitate the accomplishment of each function. Each function is an activity proper to process consultation.

Fourth, some communicative tasks are combined, such as establishing competence/building trust, or clarify expectations/negotiate contract. This is to identify tasks similar in function though con-

TABLE 1

Major Models of Consultation

Lewin (1947)	Unfreeze	Move				Freeze	
Lippitt, Watson, and Westley (1958)	Development of a need for change	Establishment of a change relationship	Work toward change Diagnosis/Examine goals/Actual change effort			Stablization and generalization of change	Achieving terminal relationship
Beckhard (1969)	Diagnosis			Planning	Education/ Consulting/ Training	Evaluation	
Lawrence and Lorsch (1969)	Diagnosis			Planning	Implement Action	Evaluation	
Schein (1969)	Initial contact	Defining relationship	Selecting a setting and method of work	Data gathering and diagnosis	Intervention	Evaluation and disengagement	
Kolb and Frohman (1970)	Scouting	Entry	Diagnosis	Planning	Action	Evaluation	Termination
Lippitt and Lippitt (1978)	Initial contact or entry	Formulating a contract and establishing a helping relationship	Problem identification and diagnostic analyses	Setting goals and planning for action	Taking action and cycling feedback	Contract completion: Continuity, support, and termination	

ceptually distinct.

Table I summarizes the major phasic models of consultation from which the functions and phases in the current communication model were drawn. Other major models employed include work by Argyris (1970), Blake and Mouton (1964, 1968), French and Bell (1978), and Walton (1969).

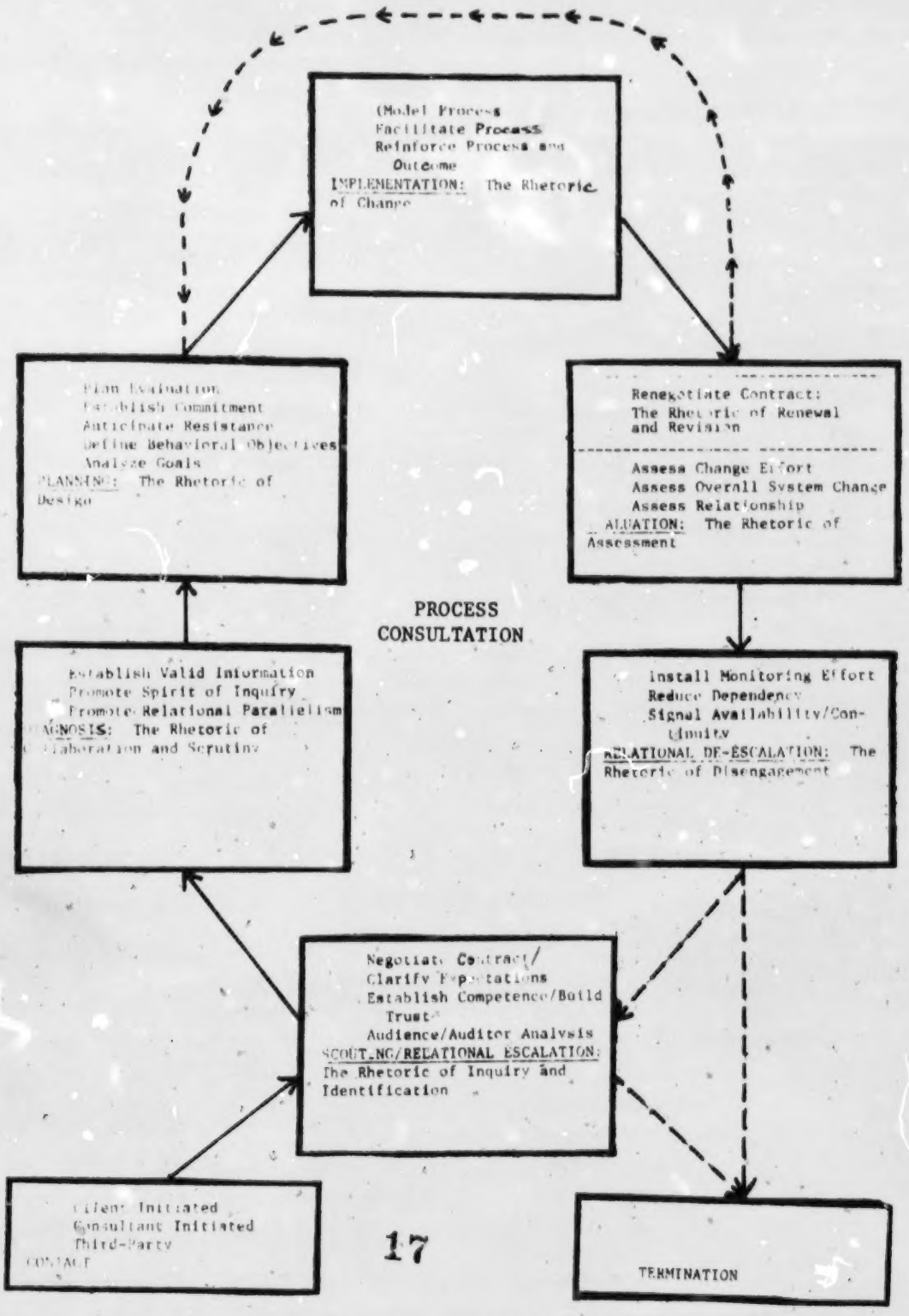
The model is presented in Figure 1. What follows below is 1) a brief verbal description of the graphic presentation and then 2) a synopsis of some of the more significant findings from the field research. The interested reader is referred to the author's dissertation in order to find a) a more complete summary of literature review and synthesis, as well as the preliminary model, b) arguments for the presence of each communicative task, c) further elaboration of tasks (e.g., expectation clarification and contract negotiation includes issues such as time spent, financial renumeration, expected services and responsibilities of both client and consultant, expected outcomes, work focus and potential methods), and d) methods of task attainment (e.g., listening, question-asking, interview). The following description parallels phases and tasks depicted in Figure 1. Quotations are from interview data.

Communicative tasks in process consultation

After contact is made, whether initiated by client, consultant, or third party, consultation moves into a phase termed scouting and relational escalation. The phase is characterized by three communicative tasks: audience and auditor analysis (i.e., client system and key client analysis), establishing competence and building trust, as well as clarifying expectations and negotiating the contract. While specific task

Figure 1

Communicative Tasks in Process Consultation



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requirements vary with situation (especially competence and trust as affected by type of contact), the three tasks help client and consultant with the major decision of the phase: "Go or no go." Talk is primarily aimed at inquiry and then identification, as consultant and client "look each other over," and if satisfied, begin to "adopt each others goals." Inquiry and identification are intensified in the next phase, as both consultant and client move into a period of collaboration and scrutiny, diagnosing the client system.

The consultant has three communicative tasks in diagnosis: promoting a "parallel" style of exchange (Lederer and Jackson, 1968), promoting a spirit of inquiry, and establishing valid information (Argyris, 1970). Promoting relational parallelism is indicated by the emphasis, in process consultation, on shared responsibility and joint diagnosis (Schein, 1969). A willingness to inquire into the client system is required for any sucessful diagnostic venture (see e.g., Ferguson, 1969), and the establishment of valid information, so named after Argyris' intervention theory, is the major goal of the phase. It requires a variety of communicative behaviors--depending on the context. Diagnostic activities may even be the primary focus of consultation, as with survey feedback. All consultants interviewed agreed it was critical, as it prominently affects each subsequent step, especially that of planning, in which formal interventions and action steps are designed.

Communicative tasks involved in the planning function are three: analyzing goals and defining behavioral objectives, anticipating resistance and establishing a commitment, and planning for evaluation. Work on goals and objectives follows the prescriptions of Mager (1962, 1972).

Anticipating resistance and establishing a commitment are indicated by the work of Watson (1969), Watzlawick (1978) and a large number of change theorists who contend that without a commitment to change, there will be none (see e.g., Argyris, 1970; Bennis, Benne and Chin, 1969; Corsini, 1973; Davey, 1974; Franklin, 1976). Planning for evaluation is called for in several empirical and theoretical contributions to the consultation literature, especially the evaluation reviews by Morrison (1978) and Nicholas (1979).

Implementation, a phase accenting change, is a misnomer in the sense that all steps in the consultation process function to implement change. Nonetheless, literature review, interview, and observation all indicate two major and distinct types of change efforts at this point of consultation: behavioral science interventions (BSIs) and action steps. The two kinds of implementation are so categorized to distinguish the situation-specific action steps that may immediately follow diagnosis and planning from the more formal and generalized BSIs. BSIs, conceived and reported by behavorial scientists, usually consist of exercises and interventions designed to affect change in a wide variety of situations. Examples include MBO, nomimal group technique, role analysis technique and force-field analysis. (For a longer listing and description, see Chapter 8, French & Bell, 1978.) One consultant facetiously referred to BSIs as "the kit." Action-steps are <u>situation specific</u>, peculiar to each consultation, and may include any type of structural or human change effort a client or client system wishes to make. BSIs involve the consultant in one to three communicative tasks: modeling the process, facilitating the process, and reinforcing the process and outcome. The first two are not indicated in all implementations; hence the parentheses surrounding the pair/. Reinforcement of the process and/or outcome was continually observed in field research and is supported by behavioral learning theory.

in the model.

The next step is evaluation, a phase in which talk functions to assess the change effort. Lippitt and Swartz (cited in Bell & Nadler, 1979) offer the most thorough approach to evaluation, and suggest three communicative tasks for consultant and client: assessing the change effort, assessing the overall system change, and assessing the relationship. Evaluation sometimes acts as a kind of re-diagnosis, a post-test after which consultant and client decide to renegotiate the consulting contract, planning for futher implementation. Thus, the model depicts, through dotted lines and arrows, the possibility of a rhetoric of renewal and revision, wherein consultation cycles back to the planning phase. This cycle is similar to the cycle of action research (see e.g., French & Bell, 1978) and within ethical, financial, and continued interest limits, enables a more flexible and realistic approach to consultation.

Relational de-escalation, characterized by a rhetoric of disengagement, must at some point interrupt the cycle if the consultant is to remain an outside or external consultant. Installing a monitoring effort, reducing dependency, and signaling availability and potential continuity are the three tasks in this phase. Consultants reported that consultation enters one of three types of relationship. One involves complete termination in which consultant and client no longer communicate. A second category has the consultant entering another part of the client system. The third and most frequently reported type of relationship places consultant and client in an inactive relationship, though "occasionally in contact to check with each other about how things are going," etc. These possibilities are indicated by the dotted arrow.

Figure 1 summarizes communicative tasks and attempts to graphically

illustrate their interrelationships. While caution is suggested by the small sample and potential expectancy effect of the descriptive framework (especially via the interview guide), the current model deviates little from the preliminary model originally generated through literature review and synthesis. In other words, consultation literature was shown to be relatively isomorphic with the practice of consultation as revealed by the seven consultants participating in this study. Dissimilarities between literature and practice that did appear are dicussed below, along with several other significant findings indicated in field research. Reported findings, in the main, are concerned with those communicative behaviors linked to goal achievement in consultation. Findings are organized around the sequential phases of the model.

Scouting and Relational Escalation

The first significant deviation between literature and practice was the lack, for many consultants, of any written contract. Contractual issues were sometimes written, sometimes not, depending on the consultant, client, and situation. Money, time, expected services and outcomes--components one might expect to see in written form--were just as often negotiated verbally (along with other consultation expectations such as method, role relationship, and re-negotiation possibilities), and left at that. Expectation clarification and contract negotiation were in many instances, all part of the same communicative task.

A second observation, and one that maybe should have been expected, was that establishing ones competence was of greater concern when the consultant initiated contact, as opposed to client-initiated consultation. This is not to say that establishing competence is unimportant to consul-

tants contacted by the client. He/she still must offer proposals, compete with other potential consultants for the position, and otherwise convince the client that he/she is qualified for the endeavor. It is more a matter of degree than either-or. The client usually perceives the consultant he/she contacts as at least somewhat competent: otherwise there would have been no contact. Third-party initiation of contact was a rare occurence, however, every consultant with whom I met indicated that referrals were extremely important, especially helpful in establishing competence and building trust.

"Altering the request" is the label for a third and most interesting addition. Six out of seven consultants talked about at least one instance, and usually more, when they were asked to do one thing, and suggested another in its place. Four examples of interview data follow:

> (Company X) wanted training. My colleague and I sort of shortstopped that request and made a counter-proposal and said instead of training one person from fifteen or twenty different departments to be better managers, why not take the top echelon of (the company) and get them going all together ...so we did that.

> Sometimes you have to educate the person that you're working with as to what's appropriate and what isn't ...if they hire you to do one thing, and you know their overall goal, there are some things that you wind up suggesting.

> I've come to the conclusion that communicators don't know what it is that they really want, and that others help them to say it...They don't like the word sell, or any words having to do with sales, but if you'll tell them it's a seminar in business development...
>
> You can call it motivating, delegating, but it's really persuasion, how to get people to do things...so I teach some of the fundamentals of communicating--and that's how to get the job done.

> I can think of one example where probing, well where altering the request or responding in a different way, had an effect...Someone calls up and says that they would like a workshop on communications and I say, 'Why do you want a workshop on communications?' 'Well, we aren't communicating too well with each other and we're the top management group.' And a little probing, and I say, 'Well, maybe rather than that we ought to talk about team building process. Why don't I come out and talk with your group about that and see if you want to go that route rather than a communications workshop?' Well, one thing led to another and they say, 'Yeah, we want to do the other'...

Ensuring success in consultation, during the scouting and relational escalation phase, is attempted by consultants in a variety of ways. Altering the request, to better fit the abilities and qualifications of the consultant, was one oft-mentioned method. Others included a) not taking jobs for which one was not qualified, b) clarifying client expectations such that they were realistic and could be reasonably met, and c) specifying adequate time for a thorough diagnosis.

Diagnosis

When consultants were asked about instances in which consultation failed to meet its goals, two incidents were explained in terms of inadequate time for diagnosis, and another was interpreted to be a case of inaccurate diagnosis. Several other findings, with regard to the diagnostic phase stood out: 1) All consultants agreed it was critical. 2) Two consultants said that it was impossible to do too much diagnosis, both commenting that diagnosis was a continual activity, starting as soon as there is contact and continuing all the way through consultation. Formal diagnostic activities may occur at a certain point in time, but a consultant continually acts as a diag-

nostician. 3) Consultants rely on the observation of communicative behavior for diagnosis.

Planning

Other consultation failures were explained in terms of mistakes made in the planning phase. One client group was said to never actually commit to the project, though the key client was committed. In another case the reverse was true: all members of a relatively small client system were very much in favor of what was being planned (in conjunction with the consultant), except for top management--the boss. That case ended in a series of resignations and firings. Two other instances of failure were explained in terms indicating avoidance of issues more critical and central than the ones addressed at the time.

The success of still another consultation was considered a function of the consultant anticipating client resistance, facilitating discussion of points of contention, and eventually evoking a sense of "ownership" of the plan within the client group.

As one might surmise from the foregoing, success seems to be less a function of the actual implementation and more a result of effective preliminary phases. This is, in fact, what the data, as well as Kolb and Frohman (1970) suggest. Still, most cases require one of the two types of implementation steps, BSIs and/or action-steps.

Implementation

Observation and interview revealed several important findings with regard to the implementation phase. Observation of consultants led to the simple formulation of the three tasks: modeling the process, facilitating the process, and reinforcing the process and outcome. The

last task was especially evident, as I noticed a great deal of praise and complimenting as each process drew to a close.

Among other implementation findings, two in particular stand out. First was the stated intent, on the part of five consultants, to induce in the client a sense of "ownership" of plan and implementation, and to maintain a "low profile" in the process. That is, consultants generated increased client involvement by remaining "on the sidelines, coaching a little maybe, but letting them call most of the plays." Another consultant referred to this process as "planting seeds," but allowing for germination so that "they see the ideas as their own." Another said:

> So the deal is to try to do something and have a success, and that means keep it small and don't have a lot of publicity, ballyho. Don't call it a program. The lower the profile, the more realistic the action step, the better off you're going to be...

According to one other consultant, "A low profile is a sign of success. People who have a role in developing and carrying out the program see it as their idea." This consultant also pointed out the potential problems surrounding such an orientation, especially accountability and responsibility issues, and that such expectations ought to be clarified early.

That consultants attempt to keep the client centrally involved at all times is consistent with process consultation literature. A second finding worth noting, not so readily found in the literature, concerns consultation amenities--informal yet important features of consultation aimed at managing and co-ordinating interaction.

Throughout observation, and occasionally in interview, I noticed a great deal of attention paid to aspects of consulting not usually

considered in social scientific literature, and have labeled these features "amenities." They are simple considerations best presented by the following (partial) list: a) furniture arrangement, b) equipment such as easel, easel-carrier, tape, and large reams of paper, c) socializing before a workshop formally begins, during lunch, and at "debriefing sessions" at local taverns, d) coffee breaks, newspaper cartoons shown on an overhead projector, Bloody Marys served at the beginning of Sunday morning sessions, and other features designed to break up the work. These kinds of amenities appeared central to this observer, requiring consultant attention to a great many details, and a willingness to sometimes communicate in ways and on matters not directly involving the work focus.

Evaluation

Within the realm of evaluation, field research indicated an infrequency of formal evaluation procedures. Some consultants reported cases employing "systematic interview procedures," or "questionnaires" or "feedback sheets." These were the exception, however, as most consultants expressed dissatisfaction with their overall evaluation procedures, suggesting that they could be more thorough. One major reason stood out: the cost-benefit analysis of doing evaluation was often not worth it to the client. The cost--money, time, resources--when balanced against any potential gain from evaluating what has already occurred, often appears too high to the client and client system.

Consultants varied widely on the degree to which they evaluated systemic change effects and/or the client-consultant relationship. All consultants mentioned that a positive referral and being called

back to do more work were indices of positive evaluation. Many consultants reported using their intuition and expertise in evaluating the effect of a change effort. The following, however, seems to characterize most evaluation procedures reported:

> Perhaps I should do more but I don't...They don't have the time, skills, money, or resources. So I use a very anecdotal, seat of the pants, what people are saying, type of approach where I encourage lots of feedback to try to find out if I'm on target...You must have multiple sources of feedback and you want both positive and negative information from all levels of the organization and you must behave in a way that when you get that information that people want to continue to give you more... You've got to do something with it, and show you can take it--the bad and so on.

Relational De-escalation

With regard to communicative tasks, most consultants reported attending to the initiation of some type of monitoring effort, so that the types of gains made in consultation would continue to accrue. Most consultants also mentioned that they are occasionally in contact with the client. Most problematic, at least for three consultants, was the reduction of dependency, or following the admonition of Lippitt and Lippitt (1978) to work oneself out of a job. This was particularly difficult for consultants who wanted more clients, not fewer. Other consultants found it hard as they had built satisfying interpersonal relationships with clients. One reported having to resist the temptation to take on a new project for which he was not suited.

Communication/Persuasion/Language

In addition to observation and interview data that concerned communicative tasks, I asked the seven participating consultants about

their views on communication, persuasion, and language usage in the context of consultation. Questions asked appear in Appendix A. Their answers are now summarized.

Communication was 1) considered essential; i.e., that persons within the organization had "high fidelity" in their communication, 2) viewed as an activity to observe while diagnosing organizational problems, 3) considered an important consultation activity /skill; i.e., perception-checking, paraphrasing, and asking questions. Persuasion was necessary, according to several consultants, for convincing one's client a) that one is competent, b) about the benefits of a particular process, c) to accept a contract, and d) to overcome a variety of resistances. Language usage, was considered important for three reasons. First, consultants worked hard to keep social scientific jargon out of their talk. They also had to clarify organizational jargon to which they were exposed. Second, language usage was considered by at least two consultants as diagnostic material from which inferences about persons can be drawn. Third, two consultants said that language usage was critical since its success or failure affected the goals of consultation. These persons consulted primarily on matters of communication.

Summary/Discussion

Communicative tasks most likely to facilitate successful process consultation are summarized and graphically displayed in Figure 1. Task identification was accomplished through a phasic modeling process that included literature review and synthesis, generation of a preliminary framework, field research, and construction of the current version of the model. The most salient and consistent findings of field research were summarized in the preceding sections. Additional information will

be available (Lange, in progress).

There are limitations worth noting in this research effort. The first is the relatively small sample size. While interviews were intensive, future interviews with other consultants will add power to findings. Observational data were also limited in scope--only available when researcher obtrusiveness could be minimized. A second limitation involves the possible expectancy effect of the descriptive framework, though the researcher attempted to minimize the chances of this occurrence. A third limitation concerns the nature of the data sample. Interview data were collected from consultants only; future research should include interview data gathered from the perspective of the client.

These limitations notwithstanding, the current research yields a variety of important findings. First, effective communication and persuasion are empirically confirmed as critical and central requirements in process consultation. Process consultation is, in fact, shown to be an activity composed primarily of communicative behavior. PC's emphasis of client involvement necessitates effective communication. Persuasion may be required at a variety of junctures. Those mentioned include initial entry or contract agreement, the establishment of one's competence, acceptance of a particular process or consultation method, and overcoming a variety of resistances to consultation.

Second, the identification of communicative tasks allows for greater specification of required consultant competencies. This specification yields several pedagogical and general training implications for consultation. Educators and trainers should find the communicative tasks described here useful.

The third and perhaps most important result of this research lies in the potential application of the model. While there are a variety of consultation models (as in Table 1), this is the first that emphasizes communicative tasks. To the extent that the field research is accurate, confirming the central and critical nature of communication in process consultation, the model and communicative tasks it describes enables heuristic and diagnostic application. Theorists and practitioners may benefit from the deployment of the model, and with continued work and elaboration, an explanatory theory of communication in process consultation may emerge.

APPENDIX A
Interview Guide with Sample Questions*

1. Background/Types of consultation
What are some of the agencies for which you've consulted? What are some of the consulting activities in which you engage? Short term? Long term?

2. Contact/Scouting/Relational Escalation/Entry
What are some of the ways that you contact clients? What are some of your earliest considerations in consulting? What would you like to know about your client and client system? Are trust and competence considerations? What are the most important contracting and expectation clarification issues? How flexible and subject to re-negotiation are these issues? Are client attitudes important? Which ones?

3. Diagnosis/Planning
What diagnostic methods have you used? Prefer? What is the client's role? How do you communicate the role relationship you seek? Are establishing a commitment and promoting a spirit of inquiry issues for you? How do you go about these tasks? Have you faced particular instances of resistance? Do you anticipate them? How do you handle goals and objectives? What is or has been particularly problematic in diagnostic and planning phases?

4. Implementation
What are some interventions and implementations with which you have been associated?

5. Evaluation
Do you use methods of evaluation or follow-up? Which ones? Do you plan for these methods before-hand? What are some of your greatest successes? Disappointments? What do you evaluate? Ever evaluate the relationship?

6. Relational De-escalation/Termination
How do you know when to quit? Do you attempt to check on the continuity of change efforts? Has dependency ever been problematic and if so, how do you handle it?

7. Relationship
How would you characterize some of the relationships you have had with key clients? Have you had any relationship problems?

8. Language/Communication/Persuasion
Are you particularly conscious of a client's language usage? If so, in what ways? What communication issues must one think about in consultation? Have you noted any communication problems? At what points, if any, in consultation, are you aware of persuading the client or members of the client system?

* Questions are only samples, since the interview sometimes did not follow the exact pattern of the guide, in order or in substance. However, each consultant addressed nearly every question at some point during the interview. Additional questions arose from observation.

APPENDIX B

Types of Activities and Interventions of the Process Consultant*

1. Agenda-setting interventions
2. Feedback of observations (individuals and groups)
3. Conducting effective meetings
4. Coaching or counseling (individuals and groups)
5. Structural suggestions
6. Diagnostic activities
7. Team-building activities
8. Intergroup activities
9. Education and training
10. Third-party peacemaking activities
11. Life and career planning
12. Planning and goal setting
13. Sensitivity training
14. Role analysis
15. Nominal group technique
16. Force-field analysis

*These are a sample drawn, in the main, from Schein (1969) and French and Bell (1978). The do not include situation-specific action steps or changes made following any activity listed.

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